

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JUN 26 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V40263**

1. Corporation Name

**STECO INDUSTRIES INC.**

2. Principal Office Address

3. Mailing Office Address

**10316 Lollipop Ln.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**ORLANDO, FL.**

Zip  
**32821**

Country  
**USA**

Zip

Country

**REINSTATEMENT**

**96-00**

4. Date Incorporated or Qualified  
To Do Business in Florida

**May 26, 1992**

5. FEI Number

**59-3121174**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**STEVEN COHEN**

**400003314654-5**

**-07/06/00--01040--009**

Street Address (P.O. Box Number is Not Acceptable)

**10316 LOLLIPOP LANE**

**\*\*\*1350.00 \*\*\*1350.00**

Suite, Apt. #, Etc.

City

**ORLANDO**

State  
**FL**

Zip Code

**32821**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date **6/23/00**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	STEVEN COHEN	10316 Lollipop Ln.	ORLANDO FL. 32821

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**STEVEN COHEN**

**6/23/00**

Date

Daytime Phone #

**407-351-7676**

CR2E081 (9/99)